

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G611		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED C 10/22/2012	
NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 281 MCGRAIN ST CORYDON, IN 47112			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>An investigation of Complaint Number IN00118370 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j)</p> <p>Complaint Number: IN00118370 Unsubstantiated, due to lack of evidence</p> <p>Survey Date: 10/22/12</p> <p>Facility Number: 001162 Provided Number: 15G611 AIM Number: 100385630</p> <p>Surveyor: Joe Brown, Life Safety Code Specialist</p> <p>Census: 8</p> <p>Blue River Services Inc. was found to be in compliance with 42 CFR Part 483, Subpart B; 410 IAC 1.1, and National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) 2000 edition, Chapter 33, Existing Residential Board and Care Occupancies, in regard to the investigation of Complaint Number IN00118370.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/29/12.</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.